

<i>SERFF Tracking Number:</i>	<i>HRCN-127163831</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Horace Mann Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48766</i>
<i>Company Tracking Number:</i>	<i>IL-M40700</i>		
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>E-Sign/E-Delivery Form</i>		
<i>Project Name/Number:</i>	<i>E-Sign/E-Delivery Form/IL-M40700</i>		

Filing at a Glance

Company: Horace Mann Life Insurance Company

Product Name: E-Sign/E-Delivery Form

TOI: A10 Annuities - Other

Sub-TOI: A10.000 Annuities - Other

Filing Type: Form

SERFF Tr Num: HRCN-127163831 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: IL-M40700

Author: Marcetia Neal

Date Submitted: 05/13/2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/17/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: E-Sign/E-Delivery Form

Project Number: IL-M40700

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Filing Status Changed: 05/17/2011

State Status Changed: 05/17/2011

Created By: Marcetia Neal

Corresponding Filing Tracking Number: IL-M40700

Filing Description:

IL-M40700 – Electronic signature agreement / Electronic document delivery form

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed concurrently

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Marcetia Neal

The above-referenced form is being submitted for your review and approval. This form is being filed in place of form IL-M40600 which was approved by your department on 04/11/2011. After filing form IL-M40600, we realized it did not fully meet our electronic delivery objectives. Form IL-M40600 has not and will not be used in your state.

Please note: This form is being simultaneously submitted for review and approval under separate cover for our life business line.

This form will be used during the electronic application process for annuity products and life products solicited in your

SERFF Tracking Number: HRCN-127163831 State: Arkansas
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TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
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state.

No part of this filing contains any unusual or controversial items from normal company or industry standards.

This form has two purposes.

First, this form will be used during the electronic application process to provide disclosure regarding the use of e-signatures to the client. If the client agrees to the use of e-signatures to complete the application, we will capture the client's consent to the use of e-signatures on this form. An electronic signature will be attached to this form only if the client agrees to use e-signature.

Second, this form will be used during the application process to capture clients' e-delivery preferences.

This form will print as part of the contract package.

A Statement of Variability is provided to explain the variability of the bracketed sections on the form.

Sincerely,

Marcetia Neal
Compliance Rep
Horace Mann Life Insurance Company

Company and Contact

Filing Contact Information

Marcetia Neal, Product Development and Compliance Coordinator
1 Horace Mann Plaza
Springfield, IL 62715-0001
marcetia.neal@horacemann.com
217-788-5304 [Phone]
217-535-7197 [FAX]

Filing Company Information

Horace Mann Life Insurance Company
1 Horace Mann Plaza
Springfield, IL 62715-0001
(217) 789-2500 ext. [Phone]

CoCode: 64513
Group Code: 300
Group Name:
FEIN Number: 37-0726637
State of Domicile: Illinois
Company Type: Life,
Accident/Health, Annuity, Credit
State ID Number:

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 form x \$50.00 = \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Horace Mann Life Insurance Company	\$50.00	05/13/2011	47556897

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/17/2011	05/17/2011

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Disposition

Disposition Date: 05/17/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Electronic Signature		Yes
	Agreement/Electronic Document Delivery		
	Form		

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Form Schedule

Lead Form Number: IL-M40700

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	IL-M40700	Application/ Electronic Signature Enrollment Agreement/Electronic Form Document Delivery Form	Initial		51.300	IL-M40700 E-sign and E-delivery form_Final.pdf

Horace Mann Life Insurance Company

1 Horace Mann Plaza
Springfield, Illinois 62715-0001
800-999-1030

Electronic signature agreement [/ Electronic document delivery] form

I understand that my application and all related documents required as part of the application process will be completed with an agent of Horace Mann Life Insurance Company by answering questions as they appear on the computer screen.

This information will be used to create the application which will be inserted into my policy. All electronic documents maintained by the Company are the sole original versions of the documents. The Company maintains physical, electronic and procedural safeguards to protect all nonpublic personal information from unauthorized use or improper access.

Use of electronic signatures

I understand that I may sign the application and related forms using an electronic signature process. Signatures will be displayed on the computer screen in real time. If any information in the application is changed after the electronic signature is captured, the electronic signature will be erased and a new electronic signature will be required to complete the application. Electronic signatures are encrypted and cannot be used for any purpose other than the execution of the application and related documents.

I also understand that I am not required to use the electronic signature process.

☐ I agree to the use of electronic signatures which will constitute legally binding signatures.

Applicant's signature _____

[Electronic Document Delivery Program

☐ I have previously enrolled in or would like to enroll in the Electronic Document Delivery Program.

If you are currently enrolled, please confirm your electronic document delivery selections below.

If you are not currently enrolled, please make your electronic document delivery selections and provide your e-mail address below.

[Electronic document delivery selection

	E-delivery	Mail
Prospectuses/Reports	<input type="checkbox"/>	<input type="checkbox"/>
Statements/Notifications	<input type="checkbox"/>	<input type="checkbox"/>
Contracts/Certificates	<input type="checkbox"/>	<input type="checkbox"/>

My e-mail address is _____.]

The document selections made above apply to all of your **[life insurance/annuity]** contracts.

If you are not currently enrolled, you will be provided with and must accept the Terms and Conditions of the Electronic Document Delivery Program. After we have received your acceptance and the Company has confirmed your ability to receive electronic delivery of documents, you will begin to receive documents electronically.

Due to processing times, first time enrollees may initially receive paper documents.

☐ I do not want to enroll in or would like to cancel my current enrollment in the Electronic Document Delivery Program.]

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Product Name:	E-Sign/E-Delivery Form		
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: See attached.		
Attachment: Readability Certification_Base.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: The applications (fixed and variable annuity) this form will be used in conjunction with are: IL-A13000 (approved 09/19/05) and IL-A13100 (approved 12/14/05).		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: IL-M40700 Statement of Variability.pdf		

HORACE MANN LIFE INSURANCE COMPANY
1 HORACE MANN PLAZA
SPRINGFIELD, ILLINOIS 62715-0001
CERTIFICATION FOR FLESCH READABILITY TEST SCORE

Date: 5/2/2011

A. Option Selected

- ☒ 1. Application and its related policy forms are scored for the Flesch reading ease test as one unit and the combined score is 51.3.
- ☐ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Score for the policy and each form are indicated below.

Forms and Form Numbers to which Certification is Applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Individual Flexible Premium Deferred Fixed Annuity Contract With a Premium Bonus	IC-453000	See above
Electronic signature and electronic document delivery agreement form	IL-M40700	See above

B. Test option selected

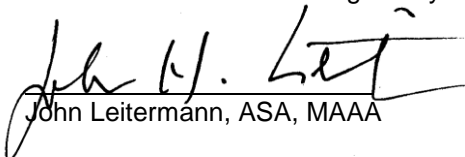
- ☒ 1. Test was applied to entire policy form(s).
- ☐ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standard for Certification

A checked block indicates the standard has been achieved.

- ☒ 1. The policy text achieves a higher than the minimum score as required by state regulations on the Flesch reading ease test in accordance with the option chosen in Section A above.
- ☒ 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
- ☒ 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
- ☒ 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
- ☒ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- ☒ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
- ☒ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

This certification must be signed by an officer of the insurer.


John Leitermann, ASA, MAAA

Vice President
Officer's Title

**HORACE MANN LIFE INSURANCE COMPANY
1 HORACE MANN PLAZA
SPRINGFIELD, ILLINOIS 62715**

**Statement of Variability
Electronic Signature Agreement / Electronic document delivery form
Form IL-M40700**

Section 1

[0500000000]

The client's contract number will print in the upper-right hand corner of the form directly below our Company logo. It has been bracketed to reflect that each client will have a unique contract number.

Section 2

[/ Electronic document delivery]

Our annuity business line will have the ability to offer e-delivery prior to our life business line. Until our life business line has the capability to offer e-delivery, this section of bracketed text will only print for our annuity business line. Once the life business line has e-delivery capabilities, this section of bracketed text will print for both annuity and life business.

Section 3

[Electronic Document Delivery Program]

☐ I have previously enrolled in or would like to enroll in the Electronic Document Delivery Program.

If you are currently enrolled, please confirm your electronic document delivery selections below.

If you are not currently enrolled, please make your electronic document delivery selections and provide your e-mail address below.

Electronic document delivery selection

	E-delivery	Mail
Prospectuses/Reports	<input type="checkbox"/>	<input type="checkbox"/>
Statements/Notifications	<input type="checkbox"/>	<input type="checkbox"/>
Contracts/Certificates	<input type="checkbox"/>	<input type="checkbox"/>

My e-mail address is _____.

The document selections made above apply to all of your life insurance/annuity contracts.

If you are not currently enrolled, you will be provided with and must accept the Terms and Conditions of the Electronic Document Delivery Program. After we have received your acceptance and the Company has confirmed your ability to receive electronic delivery of documents, you will begin to receive documents electronically.

Due to processing times, first time enrollees may initially receive paper documents.

I do not want to enroll in or would like to cancel my current enrollment in the Electronic Document Delivery Program.]

Our annuity business line will have the ability to offer e-delivery prior to our life business line. Until our life business line has the capability to offer e-delivery, this section of bracketed text will only print for our annuity business line. Once the life business line has e-delivery capabilities, this section of bracketed text will print for both annuity and life business.

Section 4

[Electronic document delivery selection

	E-delivery	Mail
Prospectuses/Reports	<input type="checkbox"/>	<input type="checkbox"/>
Statements/Notifications	<input type="checkbox"/>	<input type="checkbox"/>
Contracts/Certificates	<input type="checkbox"/>	<input type="checkbox"/>

My e-mail address is _____.]

This section is variable so we can change, add or remove document types if/when necessary. Also, the document types listed for the life business line may vary from the document types listed for the annuity business line. We also want the flexibility to alter the headers and the e-mail address line should the need arise.

Section 5

[life insurance/annuity]

One of “life insurance” or “annuity” will print depending upon the line of business the form is being used with.

Horace Mann Life Insurance Company
 1 Horace Mann Plaza
 Springfield, Illinois 62715-0001
 800-999-1030

Section 2

Electronic signature agreement [/ Electronic document delivery] form

I understand that my application and all related documents required as part of the application process will be completed with an agent of Horace Mann Life Insurance Company by answering questions as they appear on the computer screen.

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I also understand that I am not required to use the electronic signature process.

☐ I agree to the use of electronic signatures which will constitute legally binding signatures.

Applicant's signature _____

[Electronic Document Delivery Program

☐ I have previously enrolled in or would like to enroll in the Electronic Document Delivery Program.

If you are currently enrolled, please confirm your electronic document delivery selections below.

If you are not currently enrolled, please make your electronic document delivery selections and provide your e-mail address below.

[Electronic document delivery selection

Section 3
E-delivery
Mail

Prospectuses/Reports ☐

☐
☐

Statements/Notifications ☐

☐
☐

Contracts/Certificates ☐

☐
☐
Section 4
Section 5

My e-mail address is _____.]

The document selections made above apply to all of your [life insurance/annuity] contracts.

If you are not currently enrolled, you will be provided with and must accept the Terms and Conditions of the Electronic Document Delivery Program. After we have received your acceptance and the Company has confirmed your ability to receive electronic delivery of documents, you will begin to receive documents electronically.

Due to processing times, first time enrollees may initially receive paper documents.

☐ I do not want to enroll in or would like to cancel my current enrollment in the Electronic Document Delivery Program.]